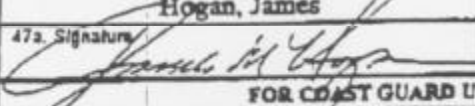


DEPARTMENT OF TRANSPORTATION U. S. COAST GUARD CG-2692 (Rev. 6-87)		<b>REPORT OF MARINE ACCIDENT, INJURY OR DEATH</b>			TEST ELECTRONIC VERSION UNIT CASE NUMBER MC 01013409	
SECTION I. GENERAL INFORMATION						
1. Name of Vessel or Facility <b>J.W. Westcott II</b>		2. Official No. <b>258 859</b>	3. Nationality <b>USA</b>	4. Call Sign <b>WT 2123</b>	5. USCG Certificate of Inspection issued at: <b>DNA</b>	
6. Type (Towing, Freight, Fish, Drill, etc.) <b>Mailboat &amp; Crew Supply</b>		7. Length <b>45'</b>	8. Gross Tons <b>14</b>	9. Year Built <b>1949</b>	10. Propulsion (Steam, diesel, gas, turbine ...) <b>Diesel</b>	
11. Hull Material (Steel, Wood...) <b>Steel</b>	12. Draft (ft. - in.) FWD. <b>4'6"</b> AFT. <b>4'6"</b>	13. If Vessel Classed, By Whom: (ABS, LLOYDS, DNV, BV, etc.) <b>DNA</b>		14. Date (Of occurrence) <b>10-23-2001</b>	15. Time (Local) <b>6:50 am</b>	
16. Location (See instruction No. 10A) <b>Detroit River near mouth of Old Rouge River off Zug Island, Detroit MI</b>				17. Estimated Loss or Damage TO:  VESSEL \$ <b>40,000</b>  CARGO \$ <b>-</b>  OTHER \$ <b>-</b>		
18. Name, Address & Telephone No. of Operating Co. <b>J.W. Westcott Company</b> <b>12-24th Street</b> <b>Detroit, MI 48222 313-496-0555</b>						
19. Name of Master or Person in Charge <b>Catherine Nasiatka</b>		USCG License <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	20. Name of Pilot <b>Catherine Nasiatka</b>		USCG License <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
19a. Street Address (City, State, Zip Code) <b>Algonac MI 48001</b>		19b. Telephone Number <b>[REDACTED]</b>	20a. Street Address (City, State, Zip Code) <b>[REDACTED]</b>		20b. Telephone Number <b>[REDACTED]</b>	
21. Casualty Elements (Check as many as needed and explain in Block 44.)						
NO. OF PERSONS ON BOARD <b>4</b> <input checked="" type="checkbox"/> DEATH- HOW MANY? <b>1</b> <input checked="" type="checkbox"/> MISSING- HOW MANY? <b>1</b> <input type="checkbox"/> INJURED- HOW MANY? <b>-</b> <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED OR INVOLVED (Identify Substance and amount in Block 44.) <input type="checkbox"/> OIL SPILL-ESTIMATE AMOUNT:  <input type="checkbox"/> CARGO CONTAINER LOST/DAMAGED <input type="checkbox"/> COLLISION (Identify other vessel or object in Block 44.) <input type="checkbox"/> GROUNDING <input type="checkbox"/> WAKE DAMAGE			<input type="checkbox"/> FLOODING; SWAMPING WITHOUT SINKING <input checked="" type="checkbox"/> CAPSIZING (with or without sinking) <input type="checkbox"/> FOUNDERING OR SINKING <input type="checkbox"/> HEAVY WEATHER DAMAGE <input type="checkbox"/> FIRE <input type="checkbox"/> EXPLOSION <input type="checkbox"/> COMMERCIAL DIVING CASUALTY <input type="checkbox"/> ICE DAMAGE <input type="checkbox"/> DAMAGE TO AIDS TO NAVIGATION <input type="checkbox"/> STEERING FAILURE <input type="checkbox"/> MACHINERY OR EQUIPMENT FAILURE <input type="checkbox"/> ELECTRICAL FAILURE <input type="checkbox"/> STRUCTURAL FAILURE		<input type="checkbox"/> FIREFIGHTING OR EMERGENCY EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.) <input type="checkbox"/> LIFESAVING EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.) <input type="checkbox"/> BLOW OUT (Petroleum exploration/production) <input type="checkbox"/> ALCOHOL INVOLVEMENT (Describe in Block 44.) <input type="checkbox"/> DRUG INVOLVEMENT (Describe in Block 44.) <input type="checkbox"/> OTHER (Specify)	
22. Conditions						
A. Sea or River Conditions (wave height, river stage, etc.) <b>Approx. 1.5 ft</b>		B. WEATHER <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> FOG <input type="checkbox"/> OTHER (Specify) <b>overcast</b>	C. TIME <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> TWILIGHT <input checked="" type="checkbox"/> NIGHT	D. VISIBILITY <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	E. DISTANCE (miles) <b>4 miles</b> (of visibility) F. AIR TEMPERATURE <b>50 F</b> (F) G. WIND SPEED & DIRECTION <b>15-20 SW</b> H. CURRENT SPEED & DIRECTION <b>1.5 mph NE&gt;SW</b>	
23. Navigation Information			24. Last Port Where Bound		24a. Time and Date of Departure	
<input type="checkbox"/> MOORED, DOCKED OR FIXED <input type="checkbox"/> ANCHORED <input checked="" type="checkbox"/> UNDERWAY OR DRIFTING			SPEED AND COURSE <b>UNK NE</b>		<b>Detroit</b> <b>To meet inbound tanker</b> <b>10-23-2001</b>	
25. FOR TOWING ONLY	25a. NUMBER OF VESSELS TOWED	Empty	Loaded	Total	25b. TOTAL H.P. OF TOWING UNITS	25c. MAXIMUM SIZE OF TOW WITH TOW-BOAT(S)
25d. (Describe in Block 44.) <b>Approx 6:30am</b>						
<input type="checkbox"/> PUSHING AHEAD <input type="checkbox"/> TOWING ASTERN <input type="checkbox"/> TOWING ALONGSIDE <input type="checkbox"/> MORE THAN ONE TOW-BOAT ON TOW						
SECTION II. BARGE INFORMATION						
26. Name		26a. Official Number		26b. Type	26c. Length	26d. Gross Tons
26f. Year Built	26g. <input type="checkbox"/> SINGLE SKIN <input type="checkbox"/> DOUBLE SKIN	26h. Draft FWD	AFT	26i. Operating Company		
26j. Damage Amount			26k. Describe Damage to Barge			
BARGE \$ _____ CARGO \$ _____ OTHER \$ _____						

REVERSE OF CG-2592 (REV. 6-87)		SECTION III. PERSONNEL ACCIDENT INFORMATION			
27. Person Involved <input type="checkbox"/> MALE or <input checked="" type="checkbox"/> FEMALE <input checked="" type="checkbox"/> DEAD <input type="checkbox"/> INJURED <input type="checkbox"/> MISSING		27a. Name (Last, First, Middle Name) <b>Nasiatica, Catherine</b> 27b. Address (City, State, Zip Code) [REDACTED]			27c. Status <input checked="" type="checkbox"/> CREW <input type="checkbox"/> PASSENGER <input type="checkbox"/> OTHER (Specify)
28. Birth Date <b>5-23-53</b>	28. Telephone No. [REDACTED]	30. Job Position <b>Captain/Pilot</b>		31. (Check here if off duty) <input type="checkbox"/>	
32. Employer (If different from Block 18., fill in Name, Address, Telephone No.)					
33. Person's Time A. IN THIS INDUSTRY - B. WITH THIS COMPANY - C. IN PRESENT JOB OR POSITION - D. ON PRESENT VESSEL/FACILITY - E. HOURS ON DUTY WHEN ACCIDENT OCCURRED -		YEAR(S) <b>5</b> - - - <b>one</b>	MONTH(S) - <b>7</b> <b>3</b> <b>7</b>	34. Industry of Employer (Towing, Fishing, Shipping, Crew Supply, Drilling, etc.) <b>Mailboat - Crew Supply</b> 35. Was the injured Person incapacitated 72 Hours or More? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 36. Date of Death <b>10-23-2001</b>	
37. Activity of Person at Time of Accident <b>Piloting vessel for pilot exchange</b>					
38. Specific Location of Accident on Vessel/Facility <b>Vessel capsized and sunk</b>					
39. Type of Accident (Fell, Caught between, etc.) <b>Swamped, capsized, and sunk</b>		40. Resulting Injury (Cut, Bruise, Fracture, Burn, etc.) <b>Death - presumed drowned</b>			
41. Part of Body Injured <b>Death - presumed drowning</b>		42. Equipment Involved in Accident <b>DNA</b>			
43. Specific Object, Part of the Equipment in Block 42., or Substance (Chemical, Solvent, etc.) that directly produced the injury. <b>DNA</b>					
SECTION IV. DESCRIPTION OF CASUALTY					
44. Describe how accident occurred, damage, information on alcohol/drug involvement and recommendations for corrective safety measures. (See instructions and attach additional sheets if necessary).  <div style="text-align: center; padding: 20px;">See Attached</div>					
45. Witness (Name, Address, Telephone No.) <b>Alain Gindroz [REDACTED]</b>					
46. Witness (Name Address, Telephone No.) <b>Tom Rosselein [REDACTED]</b>					
SECTION V. PERSON MAKING THIS REPORT					
47. Name (PRINT) (Last, First, Middle) <b>Hogan, James</b>		47b. Address (City, State, Zip Code) <b>12-24th St.            Detroit, MI 48222</b>		47c. Title <b>Gen'l Mgr.</b>	
47a. Signature 		47d. Telephone No. <b>(313) 496-0555</b>		47e. Date <b>11-7-2001</b>	
FOR COAST GUARD USE ONLY			REPORTING OFFICE:		
APARENT CAUSE					
CASUALTY CODE <b>A B C</b>	INVESTIGATOR (Name)	DATE	APPROVED BY (Name)	DATE	

REVERSE OF CG-2682 (REV. 7-87)		SECTION III. PERSONNEL ACCIDENT INFORMATION	
27. Person Involved <input checked="" type="checkbox"/> MALE or <input type="checkbox"/> FEMALE <input type="checkbox"/> DEAD <input type="checkbox"/> INJURED <input checked="" type="checkbox"/> MISSING		27a. Name (Last, First, Middle Name) <div style="text-align: center;">Lewis, David</div>	
		27b. Address (City, State, Zip Code) <div style="text-align: center;">[REDACTED]</div>	
28. Birth Date	29. Telephone No.	30. Job Position	31. (Check here if off duty)
	[REDACTED]	Deckhand	<input type="checkbox"/>
32. Employer (If different from Block 18, fill in Name, Address, Telephone No.)			
33. Person's Time		34. Industry of Employer (Towing, Fishing, Shipping, Crew Supply, Drilling, etc.)	
A. IN THIS INDUSTRY - B. WITH THIS COMPANY - C. IN PRESENT JOB OR POSITION - D. ON PRESENT VESSEL/FACILITY - E. HOURS ON DUTY WHEN ACCIDENT OCCURRED -		YEAR(S) MONTH(S) <div style="text-align: center;">1 1</div> <div style="text-align: center;">1 1</div> <div style="text-align: center;">1 1</div> <div style="text-align: center;">ONE</div>	Mailboat - Crew Supply 35. Was the injured Person incapacitated 72 Hours or More? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 36. Date of Death Missing/Presumed Dead
37. Activity of Person at Time of Accident			
Deckhand on vessel for pilot exchange			
38. Specific Location of Accident on Vessel/Facility			
Vessel capsized and sunk			
39. Type of Accident (Fall, Caught between, etc.)		40. Resulting Injury (Cut, Bruise, Fracture, Burn, etc.)	
Swamped, capsized, and sunk		Missing - presumed drowned	
41. Part of Body Injured		42. Equipment Involved in Accident	
Missing - presumed drowned		DNA	
43. Specific Object, Part of the Equipment in Block 42, or Substance (Chemical, Solvent, etc.) that directly produced the injury.			
DNA			
SECTION IV. DESCRIPTION OF CASUALTY			
44. Describe how accident occurred, damage, information on alcohol/drug involvement and recommendations for corrective safety measures. (See instructions and attach additional sheets if necessary).			
See Attached			
45. Witness (Name, Address, Telephone No.)			
Alain Gindroz, [REDACTED]			
46. Witness (Name Address, Telephone No.)			
Tom Rosselein, [REDACTED]			
SECTION V. PERSON MAKING THIS REPORT		47c. Title	
47. Name (PRINT) (Last, First, Middle)		General Manager	
47a. Signature		47d. Telephone No.	
[Signature]		(313) 496-0555	
47b. Address (City, State, Zip Code)		47e. Date	
12-24th St. Detroit, MI 48222		11-7-2001	
FOR COAST GUARD USE ONLY		REPORTING OFFICE:	
APPARENT CAUSE			
CASUALTY CODE A B C		INVESTIGATOR (Name)	DATE
		APPROVED BY (Name)	DATE

The vessel *J.W. Westcott II* departed its dock with 2 crewmembers, CATHERINE NASIATKA (captain/pilot) and DAVID LEWIS (deckhand) and 2 passengers, ALAIN GINDROZ and TOM ROSSELEIN. By prior arrangement, GINDROZ was to be exchanged for a local pilot (ROBERT HULL) aboard the upriver-bound tanker *M/V Sidsel Knutsen*, while ROSSELEIN was to be transported to another vessel anchored at the Ojibway Anchorage.

Upon information and belief, as the *Westcott* approached the *Knutsen* to commence the pilot exchange, the *Knutsen* failed to slow sufficiently and otherwise maneuver so as to permit the exchange to take place. As a consequence, the *Knutsen* struck the *Westcott* and the *Westcott* was pulled into suction near the port stern of the *Knutsen*. The *Westcott* then listed severely to port, capsized and sunk immediately. GINDROZ and ROSSELEIN escaped and were rescued. Capt. NASIATKA was found deceased inside the vessel when it was raised on October 29, 2001. LEWIS is still missing. GINDROZ and ROSSELEIN were examined at a hospital in Windsor, Ontario and released. Damage surveys on the *Westcott* are pending. There is no evidence of any drug or alcohol involvement by the *Westcott* crew.